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FEDERAL COMMUNICATIONS COMMISSION
OFFICE OF SECRETARY

DATE: 25 April 1996

TO: The Honorable Reed E. Hunt, Chairman
Federal Communications Commission
1919 M Street, N.W., Room 222
Washington, D.C. 20054

FROM: Dr. Donald B. Easum (Ambassador, retired)
Vice President, Global Business Access, Ltd.

SUBJECT: GSTS Petition of Sky Station International R M - 8784

I am pleased to support Sky Station International's petition to construct and operate a wireless internet and interactive video communications system using telecommunications platforms in the earth's stratosphere.

Let me admit that I am too old-fashioned to understand the technology behind this remarkable innovation. I will not burden this memorandum with a recital of its apparently amazing capabilities. You know all about that.

My purpose is rather to tell you how useful I believe this system can be in a field that I am supposed to know something about - which is the delivery of economic and health resources to needy populations in the developing world.

I spent 27 years in the U.S. Foreign Service devoted entirely to the third world (Nicaragua, Indonesia, Senegal, Gambia, Guinea-Bissau, Niger, Burkina Faso and Nigeria were the overseas postings). Then I served for eight years as President of the African-American Institute. I have spent the last five years as Vice President and Senior Program Consultant of the River Blindness Foundation of Houston, Texas.

One overriding truth has accompanied me and become increasingly evident throughout this forty-plus years' career - namely, one can't design, deliver, effectively manage, or help others put in place the development systems that the world needs unless people can communicate with each other a helluva lot better than has been the case up to now.

I will illustrate my plea for this new communications technology with several examples from my recent experience with programs to control river blindness in Africa. At least 20 million Africans in 16 countries are infected with the onchocerca volvulus parasite that produces this disease. The affliction takes a terrible toll in quality of life and economic productivity.

Fortunately there is now a proven effective control medication (ivermectin, or "Mectizan") that Merck & Co. has promised to supply at no cost and in whatever quantity and for whatever period is necessary to remove this devastating disease from the public health agenda of the affected countries. Furthermore, there is a proven methodology for mass distribution of the drug thanks to the pioneering field

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work conducted in Africa by the World Health Organization, the Global 2000 Program of the Carter Center, the Foundation cited above, and some dozen other non-government organizations in the U.S., France, Germany and the United Kingdom. Finally, the World Bank is in the process of raising money for a Trust Fund to support the costs of global distribution of medication.

But there's a catch. There is zero chance of success for this crusade without better communications capabilities, firstly within each of these 16 countries, and secondly between the countries on the one hand and the World Bank, the WHO, and the Carter Center (where Merck has set up an applications-approval process for the release of the drug for each country) on the other. This is because the Bank won't cut loose the funding until they are convinced that a truly valid national coverage plan is in place in each of the endemic countries. And organizing those plans cannot be accomplished without better communications facilities than now exist.

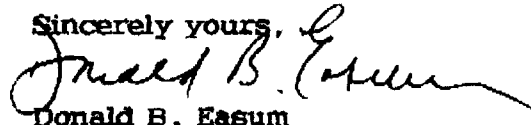
How do I know this? - I know this because for much of my five years in this work I was involved with trying to move systems information, endemicity surveys, financial authorizations, personnel evaluations, epidemiological calculations, treatment statistics, etc. from the local village level to the larger local community, then to the equivalent of the county, then to the state government, and finally on to the national ministry of health. With these channels rarely open or efficient, it took us three years to develop the mere beginnings of national coverage programs in four countries (Uganda, Tanzania, Cameroon and Nigeria). We could have done this in one-third or one-fourth the time if we had been able to utilize decent communications techniques.

In many areas, the treatment experience record has still not moved beyond the village except by word of mouth. At one point in our Nigerian campaign 18 months ago, it took me and my Nigerian counterpart six weeks knocking around the southeast region of the country just to obtain six signatures in six different state capitals. With better communications facilities, we could have accomplished the same thing in a couple of days.

Yesterday I had to telephone a contact in Plateau State in central Nigeria to obtain information about the meningitis epidemic in the northern part of the nation. It took an entire day to get through. When I asked that they call me when they had obtained the answers to my questions, I was told that no one in that state had been able to make any outgoing calls for more than a month! Something about "digging up the trunk lines..."

I hope you will authorize this new telecommunications methodology. It looks to be exactly what many of us have been yearning for and what many millions will welcome as a consequence of the improved development and quality of life benefits they will receive.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Donald B. Easum". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Donald B. Easum